



1881 E. Fremont
Galesburg, Illinois 61401
Office: (309) 343-8008
Fax: (309) 343-8006

STUDENT TRANSCRIPT RELEASE

My child/children are enrolling in Galesburg Christian School.

Please release their official academic transcripts and health records including any additional records, e.g., Special Ed., Title I, L.D., B.D., etc. to Galesburg Christian School at the above address.

STUDENT'S FULL NAME	AGE	GRADE LEVEL AT TIME OF WITHDRAWAL
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASING SCHOOL

_____	_____
School	Contact

_____	_____
Address	Title

_____	_____	_____
City	State	Zip

_____	_____
(Signature of parent/guardian)	Date

_____	_____
(Signature of GCS representative)	Date

